

FOR CALENDAR YEAR 2004 OR MONTHS ENDING 20

Please make checks payable to The City of Cincinnati.

ACCT # COMPLETE THE BLOCKS TO THE RIGHT IF THIS SPACE IS BLANK OR THE PREPRINTED INFORMATION IS INCORRECT.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="25" style="text-align: center; padding: 2px;">BUSINESS NAME</td> </tr> <tr><td colspan="25" style="height: 20px;"></td></tr> <tr><td colspan="25" style="height: 20px;"></td></tr> <tr> <td colspan="25" style="text-align: center; padding: 2px;">MAILING ADDRESS</td> </tr> <tr><td colspan="25" style="height: 20px;"></td></tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">CITY</td> <td colspan="5" style="text-align: center; padding: 2px;">STATE</td> <td colspan="10" style="text-align: center; padding: 2px;">ZIPCODE</td> </tr> <tr> <td colspan="10" style="height: 20px;"></td> <td colspan="5" style="height: 20px;"></td> <td colspan="10" style="height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center; padding: 2px;">PHONE #</td> <td colspan="5" style="text-align: center; padding: 2px;"></td> <td colspan="10" style="text-align: center; padding: 2px;"></td> </tr> <tr> <td colspan="10" style="height: 20px;"></td> <td colspan="5" style="height: 20px;"></td> <td colspan="10" style="height: 20px;"></td> </tr> </table>	BUSINESS NAME																																																																											MAILING ADDRESS																																																		CITY										STATE					ZIPCODE																																			PHONE #																																																	
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1. ESTIMATED 2004 TAXABLE INCOME	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>	X 2.1% = ESTIMATED TAX...	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>
2. DEDUCT OVERPAYMENT OF LAST YEAR'S TAX IF YOU REQUESTED TRANSFER ON YOUR 2004 RETURN.....	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>
3. BALANCE OF 2004 ESTIMATED TAX PAYMENT.....	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>
4. AMOUNT TO BE PAID WITH YOUR DECLARATION AT TIME OF FILING. (1/4 of Line 1 minus Line 2)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>		<div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div></div><div></div></div>

SIGNATURE	DATE	TITLE
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ADDRESS OF CINCINNATI LOCATION _____

NATURE OF BUSINESS _____

LOCAL MANAGER OR REPRESENTATIVE _____

DATE TAXABLE ACTIVITY BEGAN IN CINCINNATI _____

WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLDING TAX? _____

WILL REMITTANCE EXCEED \$300.00 PER MONTH? _____

2004 DECLARATION AND RETURN PAYMENT CALENDAR

APRIL 15, 2005
FILE RETURN. PAY
ANY BALANCE DUE.

Line 3 represents the net amount of your estimated tax payable this year either in full with the filing of this Declaration, or in installments as indicated by the payment calendar. Enter on Line 4 the amount of remittance accompanying your Declaration— and please retain records for future reference.

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2004**

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JULY 31, 2004***Enter your name and address here*

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2004**

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **OCTOBER 31, 2004***Enter your name and address here*

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____

D-1 QUARTERLY PAYMENT OF ESTIMATED NET PROFIT TAX

FOR OFFICIAL USE ONLY

CINCINNATI INCOME TAX BUREAU
P O BOX 640770
CINCINNATI OH 45264-0770**2004**

ACCOUNT #:

FED ID#:

SSN#:

TAX RATE:

DUE DATE: **JANUARY 31, 2005***Enter your name and address here*

AMOUNT DUE: \$ _____

DATE _____ PHONE () _____ SIGNATURE _____ TITLE _____